

## Combined MOSES and DISCUS Scheduling Form

**Unit:**

Name (Last, First)	Code	Month of Check <i>(may coordinate with event such as quarterly nursing review)</i>											
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

<u><b>Basic Code</b></u>	<u><b>Schedule</b></u>	<u><b>Tracking</b></u>
1 = Prescribed Antipsychotic Drug or Other Drug Associated With TD.....	MOSES & DISCUS every 6 months.....	Enter “M” and “D” in months to be checked
2 = Prescribed Non-Antipsychotic Psychopharmacologic Drug or Antiepileptic Drug.....	MOSES every 6 months.....	Enter “M” in months to be checked
3 = Not Prescribed Psychopharmacologic Drug or Antiepileptic Drug.....	None required.....	Leave blank --

**Important: See Other Side For Full Codes and Instructions --603-11-DD-C-2**

# Instructions For Combined MOSES and DISCUS Scheduling Form

1. Each year (e.g., each January 1), list the name of the individuals who are provided services.
2. Next to each individual's name, enter a scheduling code based upon the individual's medication status in the chart below. Most entries will be 1, 2, or 3, but there may be some entries involving 1a, 2a, or 3a.
3. Depending on the scheduling code, either: (a) enter "M" (standing for 'MOSES') and/or "D" (standing for 'DISCUS') in the months to check an individual, or (b) leave the months blank.
4. Provide a copy to nursing director or other identified quality assurance person.
5. Circle an "M" or "D" after completing a rating.
6. Enter other ratings on the Rating Code Chart as the situation occurs.
7. Update or revise as needed.

Rating Code Chart			
Code	Medication Status	Rating Schedule*	Tracking Entry
1	Prescribed Antipsychotic Drug or Other Pharmacologic Drug Associated With TD	MOSES and DISCUS every 6 months	Enter "M" and "D" in months to be checked
1a	Prescribed Non-Pharmacologic Drug Associated With TD (e.g., Reglan)	DISCUS every 6 months	Enter "D" in months to be checked
2	Prescribed Non-Antipsychotic Psychopharmacologic Drug or Antiepileptic Drug <b>and</b> No TD Diagnosis	MOSES every 6 months	Enter "M" in months to be checked
2a	Prescribed Non-Antipsychotic Psychopharmacologic Drug or Antiepileptic Drug <b>but has</b> TD Diagnosis	MOSES and DISCUS every 6 months	Enter "M" and "D" in months to be checked
3	Not Prescribed Psychopharmacologic Drug or Antiepileptic Drug <b>and</b> No TD Diagnosis	No checks required	Leave blank
3a	Not Prescribed Psychopharmacologic Drug or Antiepileptic Drug <b>but has</b> TD Diagnosis	DISCUS every 6 months	Enter "D" in months to be checked
---**	New psychopharmacologic or AED started, added, or substituted	MOSES within 1 month	Enter "N" in the month, next month, or on the line between the two months
---**	Antipsychotic medication discontinued	DISCUS 1, 2, and 3 months after discontinuation	Enter "D" 1, 2, and 3 months after the discontinuation

\* May be coordinated with event such as quarterly nursing review

\*\* Because this is not a regular or predictable event, a scheduling code is not used